

Child and Adult Care Food Program

TO THE FAMILIES OF CHILDREN IN CHILD CARE CENTERS OR IN HEAD START:

Your child is enrolled in a child care center or Head Start program that participates in the U.S. Department of Agriculture's **CHILD AND ADULT CARE FOOD PROGRAM**. Centers and Head Starts that participate in the CACFP receive financial assistance from the USDA to help cover the cost of serving nutritious meals and snacks to the children in care. Completion of this form assists them in obtaining the maximum rate of reimbursement, which helps them maintain reasonably priced child care.

The USDA Regulations [7 CFR 226] include the following requirements.

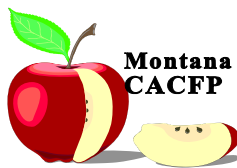
- Income eligibility information to be collected, at a minimum, every year;
- Income information must be kept **confidential** by the center, and is to be used only by Center staff directly connected with the Center's administration of the program, and officials directly connected with the Center's administration and enforcement of the program.
- **Prompt and accurate completion and return of the Income Eligibility Form (IEF).**
- Meals must be provided to participants at no separate charge, and families must not be required to provide food for the participant.

Meals must meet food pattern requirements and each child must be provided with the required amount of each food group at all meals. Children must be served the same meals within the same facility at no separate charge and without discrimination. The facility should neither charge for meals and snacks nor expect you to provide any food.

We are pleased to have your child enrolled in the Montana CACFP.

Thank you,

Mary Musil, Program Manager
Child and Adult Care Food Program



INCOME ELIGIBILITY FORM
July 1, 2007 through June 30, 2008
For Parents with Children in Child Care Centers – Confidential Information

08

Name of Center _____

1. Enrolled child's name and age:

LAST NAME FIRST NAME AGE

2. Benefit Information – Circle if you are receiving:

Food Stamps Cash Assistance – TANF FDPIR

REQUIRED: List your 6-digit case number:

3. Foster Child

A foster child is considered a household of one and must have their personal income (if any) declared. The monthly stipend paid for the child's care is **not** the personal income of the foster child.

Name of Foster Child _____ Child's Personal Income _____

4. Income Eligibility

Please list **ALL** members of your household and their incomes. List **ALL** income received last month on the same line with the person who received it. You must list gross income **BEFORE** deductions for taxes, social security, etc. List each amount in the correct column.

A List all Household Members' First and Last Names	B Age of Enrolled Child	C Monthly Earnings from Work (Before Deductions)	D Monthly Child Support, Alimony, or Public Assistance	E Monthly Payments From Pensions, Retirement, or Social Security	F Other Income From IRS 1040 Income Statement

Total Number in Household _____ Total Household Income _____ by month

5. Please check the racial or ethnic identity of your child(ren). This is not mandatory.

☐ White, not Hispanic ☐ Hispanic ☐ Black, not Hispanic ☐ Asian or Pacific Islander ☐ Native American or Alaskan Native

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

6. SIGN HERE

Signature of Parent

Social Security Number

Date

Social Security Number: Federal Law (PL 97-35) requires you to list your Social Security Number as the parent or guardian who signs this form, before your child may be eligible for free or reduced priced meals. You do not have to give your Social Security Number, but failure to provide the number will result in denial of this application for free or reduced priced meals. The Social Security Number may be used to identify you for verifying the information you report on this application. If incorrect information is discovered, a loss of benefits or legal action may occur.

The information you have provided is confidential.

7. I May Decline to Provide Information

I choose not to provide information about my household size and income.

Signature of Parent

Date

CENTER USE ONLY

Total Household Income _____ by month Total Number in Household _____

(Monthly Income Conversion: Every 2 weeks: Multiply by 2.15. Twice a month: Multiply by 2. Weekly: Multiply by 4.33.)

☐ Free ☐ Reduced ☐ Paid

Center Official Signature

Date

HOW TO COMPLETE THE INCOME ELIGIBILITY FORM

Dear Parent or Guardian:

Please assist us in complying with the requirements of the USDA's Child & Adult Care Food Program (CACFP) by completing and **promptly** returning the attached Income Eligibility & Enrollment Form. This information is confidential and will be kept on file by your Child Care Center or Head Start.

Number 1 List all enrolled children and their age.

Number 2 If you are receiving Food Stamps, Cash Assistance-TANF, or FDPIR, circle the appropriate program and list your 6-digit case number. Now skip to numbers 5 and 6.

Number 3 Foster children are a household of one. The Foster parent's stipend or personal income does not affect the eligibility determination. List only the Foster Child's income.

Number 4. If your income falls within the guidelines below:

- ✓ List all household members **and**
- ✓ List all income received last month next to the name of the person who received it.

Number 5 Households are requested to check the ethnic identity of the child(ren) listed in Number 1.

Number 6 Part 6 must be signed by an adult household member and must include the social security number of the person signing the application.

Please complete the "Income Eligibility & Enrollment" Form and return it as promptly as possible.

<u>USDA INCOME GUIDELINES</u>			
(Effective from July 1, 2007 through June 30, 2008)			
<u>Household Size</u>	<u>Yearly</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$18,889	\$ 1,575	\$ 364
2	25,327	2,111	488
3	31,765	2,648	611
4	38,203	3,184	735
5	44,641	3,721	859
6	51,079	4,257	983
7	57,517	4,794	1,107
8	63,955	5,330	1,230
For each additional family member add:	+6,438	+537	+124

NOTE: Please keep these Income Guidelines. DO NOT circle figures and return the Guidelines to your facility. You must report actual income on the Income Eligibility Form.

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability."

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202)720-6382 (TTY). USDA is an equal opportunity provider and employer."